
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 404

Date: DECEMBER 17, 2004

CHANGE REQUEST 3610

SUBJECT: January 2005 Update of the Hospital Outpatient Prospective Payment System (OPPS): Changes to Coding and Payment for Drug Administration

I. SUMMARY OF CHANGES: This Recurring Update Notification describes changes to coding and payment for drug administration, to be implemented in the January 2005 OPPS update. The January 2005 OPPS OCE and OPPS PRICER will reflect the changes identified in this notification. The instruction to install the January 2005 OPPS PRICER was provided in Change Request 3586, Transmittal 385, dated December 3, 2004. The instruction to install the January 2005 OPPS OCE was provided in Change Request 3583, Transmittal 387, dated December 3, 2004. Unless otherwise noted, all changes addressed in this notification are effective for services furnished on or after January 1, 2005.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: January 1, 2005
IMPLEMENTATION DATE: January 3, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	4/Table of Contents
R	4/230/Billing and Payment for Drugs and Biologicals
N	4/230.1/Coding and Payment for Drug Administration

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
X	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 404	Date: December 17, 2004	Change Request 3610
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SUBJECT: January 2005 Update of the Hospital Outpatient Prospective Payment System (OPPS): Changes to Coding and Payment for Drug Administration

I. GENERAL INFORMATION

A. Background: This Recurring Update Notification describes changes to coding and payment for drug administration, to be implemented in the January 2005 OPPS update. The January 2005 OPPS OCE and OPPS PRICER will reflect the changes identified in this notification. The instruction to install the January 2005 OPPS PRICER was provided in Change Request 3586, Transmittal 385, dated December 3, 2004. The instruction to install the January 2005 OPPS OCE was provided in Change Request 3583, Transmittal 387, dated December 3, 2004. Unless otherwise noted, all changes addressed in this notification are effective for services furnished on or after January 1, 2005.

B. Policy: Reporting of, and OPPS payment for, drug administration services furnished on or after January 1, 2005

Effective for services furnished on or after January 1, 2005, hospitals paid under the OPPS (12x and 13x bill types) should report infusion of drugs other than chemotherapy, infusion of anti-neoplastic (chemotherapy) drugs, and administration of anti-neoplastic drugs by routes other than infusion using an appropriate CPT code. Hospitals must abide by the 2005 CPT definitions of the codes when reporting them. For services furnished prior to January 1, 2005, these services were reported using HCPCS alphanumeric codes Q0081, *Infusion therapy other than chemotherapy, per visit*; Q0083, *Administration of chemotherapy by any route other than infusion, per visit*; and Q0084, *Administration of chemotherapy by infusion only, per visit*. For services furnished prior to January 1, 2004, administration of anti-neoplastic drugs by both infusion and a route other than infusion were reported using Q0085, *Administration of chemotherapy by both infusion and another route, per visit*. This change in policy only applies to hospitals paid under the OPPS.

The following table identifies the applicable CPT codes that should be reported for services furnished on or after January 1, 2005, the corresponding HCPCS alphanumeric codes that should no longer be reported, and the APCs to which the current CPT codes are assigned.

**Table 1. Crosswalk from CPT Codes
for Drug Administration to Drug Administration APCs**

HCPCS Codes Used Before January 1, 2005	Use CPT Code on or After January 1, 2005	Description	SI	APC	Maximum number of units of the APC OCE will assign without modifier 59	Maximum number of units of the APC OCE will assign with modifier 59
--	96412	Chemo, infuse method add-on	N	--	0	0
--	96423	Chemo, infuse method add-on	N	--	0	0
--	96545	Provide chemotherapy agent	N	--	0	0
--	90781	IV infusion, additional hour	N	--	0	0
Q0081	90780	IV infusion therapy, 1 hour	T	120	1	4
Q0083	96400	Chemotherapy, sc/im	S	116	1	2
Q0083	96405	Intralesional chemo admin	S	116	1	2
Q0083	96406	Intralesional chemo admin	S	116	1	2
Q0083	96408	Chemotherapy, push technique	S	116	1	2
Q0083	96420	Chemotherapy, push technique	S	116	1	2
Q0083	96440	Chemotherapy, intracavitary	S	116	1	2
Q0083	96445	Chemotherapy, intracavitary	S	116	1	2
Q0083	96450	Chemotherapy, into CNS	S	116	1	2
Q0083	96542	Chemotherapy injection	S	116	1	2
Q0083	96549	Chemotherapy, unspecified	S	116	1	2

HCPCS Codes Used Before January 1, 2005	Use CPT Code on or After January 1, 2005	Description	SI	APC	Maximum number of units of the APC OCE will assign without modifier 59	Maximum number of units of the APC OCE will assign with modifier 59
Q0084	96410	Chemotherapy, infusion method	S	117	1	2
Q0084	96414	Chemo, infuse method add-on	S	117	1	2
Q0084	96422	Chemotherapy, infusion method	S	117	1	2
Q0084	96425	Chemotherapy, infusion method	S	117	1	2

The following drug administration services have been reported using CPT codes and paid under the OPPS since the implementation of the OPPS. They continue to be reported under the CPT codes and payment for them continues to be made under the APC indicated below.

**Table 2. Drug Administration Services Reported
Using CPT Codes and Corresponding APCs**

HCPCS	SI	APC	Description
90782	X	353	Injection SC/IM
90783	X	359	Injection IA
90784	X	359	Injection IV
90788	X	359	Injection of antibiotic
90799	X	352	Ther/prophylactic/dx inject

C. Provider Education: A Medlearn Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3610.1	Contractors shall post the provider education article, or a direct link to the provider education article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article.	X	X							
3610.2	Contractors shall include the provider education article in their next regularly scheduled bulletin.	X	X							

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: January 1, 2005 Implementation Date: January 3, 2005 Pre-Implementation Contact(s): Marina Kushnirova or mkushnirova @cms.hhs.gov Post-Implementation Contact(s): Regional Office	Medicare contractors shall implement these instructions within their current operating budgets.
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***Unless otherwise specified, the effective date is the date of service.**

Medicare Claims Processing Manual

Chapter 4 - Part B Hospital (Including Inpatient Hospital Part B and OPPS)

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(Rev. 404, 12-17-04)

[Crosswalk to Old Manuals](#)

230 - Billing *and Payment* for Drugs and Biologicals

230.1 – Coding and Payment for Drug Administration

230 – Billing and Payment for Drugs and Biologicals

(Rev. 404, Issued: 12-17-04, Effective: 01-01-05, Implementation: 01-03-05)

Section 1833 (t)(6) of the Social Security Act provides for temporary additional or "pass-through" payments for certain "new" drugs, devices, and biological agents that were not being paid for as a hospital outpatient department (OPD) service as of December 1996. Under the statute, transitional pass-through payments can be made for at least 2 years, but no more than 3 years.

Drugs, biologicals, including blood and blood products, and radiopharmaceuticals that do not have pass-through status, are either packaged or receive separate payment (Individual APCs). The codes used to bill for drugs and biologicals are listed in Addendum B on CMS' Web site, <http://www.cms.hhs.gov/>. (Drugs should be billed in multiples of the dosage, rounded up, associated with the covered code.)

230.1 Coding and Payment for Drug Administration

(Rev. 404, Issued: 12-17-04, Effective: 01-01-05, Implementation: 01-03-05)

Reporting of and OPPS payment for drug administration services, and for services furnished on or after January 1, 2005

Effective for services furnished on or after January 1, 2005, hospitals paid under the OPPS (12x and 13x bill types) should report infusion of drugs other than chemotherapy, infusion of anti-neoplastic (chemotherapy) drugs, and administration of anti-neoplastic drugs by routes other than infusion using an appropriate CPT code. Hospitals must abide by the 2005 CPT definitions of the codes when reporting them. For services furnished prior to January 1, 2005, these services were reported using HCPCS alphanumeric codes Q0081, Infusion therapy other than chemotherapy, per visit; Q0083, Administration of chemotherapy by any route other than infusion, per visit; and Q0084, Administration of chemotherapy by infusion only, per visit. For services furnished prior to January 1, 2004, administration of anti-neoplastic drugs by both infusion and a route other than infusion were reported using Q0085, Administration of chemotherapy by both infusion and another route, per visit. This change in policy only applies to hospitals paid under the OPPS.

The following table identifies the applicable CPT codes that should be reported for services furnished on or after January 1, 2005, the corresponding HCPCS alphanumeric codes that should no longer be reported, and the APCs to which the current CPT codes are assigned.

Crosswalk from CPT Codes

for Drug Administration to Drug Administration APCs

<i>CPT Code</i>	<i>Description</i>	<i>SI</i>	<i>APC</i>	<i>Corresponding HCPCS code</i>	<i>Maximum number of units of the APC OCE will assign without modifier 59</i>	<i>Maximum number of units of the APC OCE will assign with modifier 59</i>
96400	Chemotherapy, sc/im	S	116	Q0083	1	2
96405	Intralesional chemo admin	S	116	Q0083	1	2
96406	Intralesional chemo admin	S	116	Q0083	1	2
96408	Chemotherapy, push technique	S	116	Q0083	1	2
96410	Chemotherapy, infusion method	S	117	Q0084	1	2
96412	Chemo, infuse method add-on	N	--	--	0	0
96414	Chemo, infuse method add-on	S	117	Q0084	1	2
96420	Chemotherapy, push technique	S	116	Q0083	1	2
96422	Chemotherapy, infusion method	S	117	Q0084	1	2
96423	Chemo, infuse method add-on	N	--	--	0	0
96425	Chemotherapy, infusion method	S	117	Q0084	1	2
96440	Chemotherapy, intracavitary	S	116	Q0083	1	2
96445	Chemotherapy, intracavitary	S	116	Q0083	1	2
96450	Chemotherapy, into CNS	S	116	Q0083	1	2
96542	Chemotherapy injection	S	116	Q0083	1	2
96545	Provide chemotherapy agent	N	--	--	0	0

<i>CPT Code</i>	<i>Description</i>	<i>SI</i>	<i>APC</i>	<i>Corresponding HCPCS code</i>	<i>Maximum number of units of the APC OCE will assign without modifier 59</i>	<i>Maximum number of units of the APC OCE will assign with modifier 59</i>
96549	Chemotherapy, unspecified	S	116	Q0083	1	2
90780	IV infusion therapy, 1 hour	T	120	Q0081	1	4
90781	IV infusion, additional hour	N	--	--	0	0

A. Physician Supervision for Use of CPT Codes 90780 and 90781

Medicare's general requirements regarding physician supervision of hospital outpatient services meet the physician supervision requirements for use of CPT codes 90780 and 90781.

B Payment of Drug Administration Under the OPPS

Payment for drug administration reported using the CPT codes will be made on a per visit basis for the CPT codes listed above, because the only cost data available for hospitals are the per visit cost data from the alphanumeric HCPCS codes Q0081, Q0083 and Q0084. Payment for drug administration reported utilizing CPT codes for drug administration is made under the APC to which the code is assigned in the OPPS. See the current Addenda B on the CMS Web site at www.cms.hhs.gov/providers/hopps.asp. There are no coding changes for the 2005 OPPS for drug administration services that are not included in the table of CPT codes above.

C. Reporting and Payment for Drugs

Hospitals must report the HCPCS code and charges for separately paid drugs, in addition to reporting the applicable drug administration codes, so that payment will be made for separately paid drugs. CMS would prefer, but does not require, that hospitals report the HCPCS codes and charges for drugs that are packaged into payment for the services with which they are furnished so that CMS will have the data to determine whether the drug should be separately paid in a subsequent year's OPPS.

D. Use of the 59 Modifier (Distinct Procedural Service) with Drug Administration Codes

CPT modifier 59, when reported with the drug administration codes discussed in this instruction, reports that the service was furnished in a separate session or visit from the other drug administration codes being reported. When drug administration services are

furnished in the same encounter, do not report CPT modifier 59. When drug administration services are furnished in multiple encounters on the same date of service, report modifier 59 to indicate that the drug administration services were furnished in multiple encounters on the same date.

E Administration of Infusion Therapy (drugs other than anti-neoplastic drugs, including hydrating solutions)

Effective for services furnished on or after January 1, 2005, hospitals report CPT code 90780 (IV infusion therapy, up to 1 hour) once for each visit for infusion of drugs that are not anti-neoplastic drugs. Hospitals report one unit of CPT code 90781 (IV infusion, each additional hour (up to 8 hours)) once for each additional hour of infusion therapy after the initial hour that is reported using CPT code 90780. CPT code 90781 is intended to be reported with CPT code 90780 and should never be reported without being reported with CPT code 90780. The codes report the duration of infusion regardless of the number of drugs infused; therefore, hospitals may bill one unit of CPT code 90780 for each encounter. The CPT code 90781 should be reported once for each additional hour of infusion in an encounter.

The OCE will pay one APC for each encounter reported by CPT code 90780. Payment for additional hours of infusion reported by CPT code 90781 is packaged into the payment for APC 120. While no separate payment will be made for units of CPT code 90781, hospitals should report the codes and applicable charges so that they will be available for future payment rate setting. One reported unit of CPT code 90780 will result in payment of one unit of APC 120.

F. Multiple Encounters on the Same Date of Service for CPT Codes 90780 and 90781

Where a patient makes more than one visit on the same date of service for infusion of drugs other than anti-neoplastic drugs (including hydrating solutions), for example intravenous antibiotics, the hospital reports one unit of CPT code 90780 for each visit, with CPT modifier 59 (distinct procedural service) for each separate visit after the first visit. The OCE will pay one unit of APC 120 for each separate visit, up to a maximum of 4 visits for infusion therapy per day. Units of service in excess of 4 units on the same date of service will be packaged and no additional payment will be made. The hospital should report as many units of CPT code 90781 as are appropriate to describe the duration of the infusion services. The hospital should identify subsequent hours of infusion therapy in visits after the first visit on the same date by reporting CPT code 90781 with CPT modifier 59. We do not envision a circumstance in which a beneficiary who is not admitted as an inpatient would make more than 4 separate visits to the outpatient department for intravenous infusion therapy or would receive more than 4 concurrent infusions at different sites at the same visit.

G. Infusion Therapy on the Same Date as Other Procedures

The CPT codes 90780 and 90781 should not be reported when the infusion of hydrating solutions or drugs other than anti-neoplastic drugs is a necessary and integral part of a

procedure which will be reported and for which separate payment will be made. Where infusion of a hydrating solution is started for administration of anesthesia, sedation, or otherwise as part of a separately payable procedure, the infusion is packaged into the payment for the procedure and CPT codes 90780 and 90781 should not be reported.

H. Multiple Infusions at Multiple Sites in the Same Encounter for CPT Codes 90780 and 90781

Multiple failed attempts at beginning an infusion, which result in a single successful infusion, should be reported as a single infusion without modifier 59. Moreover, where the beneficiary receives more than one infusion at more than one site during the same encounter, the hospital reports 90780 once for each site. Where one or more of the infusions continue into the second hour, the hospital reports 90781 for the number of hours of additional infusion for each site. The OCE will pay one unit of APC 120.

Examples of correct coding and payment for CPT codes 90780 and 90781:

The following examples illustrate how hospitals should report CPT codes 90780 and 90781 and describe how the OPPS pays.

Multiple Hours of Infusion Therapy

A beneficiary receives infused drugs that are not anti-neoplastic drugs (including hydrating solutions) for 2 hours. The hospital reports 1 unit of CPT code 90780 and one unit of CPT code 90781. The OCE will pay one unit of APC 120. Payment for the unit of 90781 is packaged into the payment for 1 unit of APC 120.

Multiple Encounters For Infusion Therapy

A beneficiary receives infused drugs that are not anti-neoplastic drugs (including hydrating solutions) for 2 hours. The hospital reports one unit of CPT code 90780 and one unit of CPT code 90781 for the services in the encounter. The beneficiary leaves the hospital and returns for a second encounter in which the beneficiary is again administered drugs that are not anti-neoplastic drugs (including hydrating solutions) for 2 hours. For the second encounter on the same date of service, the hospital reports one unit of CPT code 90780 with modifier 59 and 1 unit of CPT code 90781 with modifier 59. The OCE will pay 2 units of APC 120, and one unit for each encounter.

Infusion Therapy At Multiple Sites

A beneficiary receives infused drugs that are not anti-neoplastic drugs (includes hydrating solutions) in both arms for 2 hours. The hospital reports 1 unit of 90780 on each of two lines with modifier 59 on one line, and reports 1 unit of 90781 on each of two lines with modifier 59 on one line. The OCE pays 2 units of APC 120.

Multiple Failed Attempts To Begin Infusion Therapy

A beneficiary experiences multiple attempts to initiate an intravenous infusion before a successful infusion is started; the infusion lasts 1 hour. The hospital reports 1 unit of 90780 because there was one infusion of 1 hour. The OCE pays one unit of APC 120.

I. Administration of Anti-neoplastic Drugs (Chemotherapy)

Hospitals report the administration of anti-neoplastic drugs using the CPT codes identified in the table above for chemotherapy. The OCE collapses the CPT codes billed for administration of anti-neoplastic drugs into a single unit of the applicable APC for payment. The OCE assumes that all services for administration of anti-neoplastic drugs on the same date of service were provided in the same encounter. In those unusual cases where the patient makes two visits in the same day, in both of which the beneficiary is administered anti-neoplastic drugs billed by CPT codes that fall into the same APC, the hospital reports that there were two encounters for administration of anti-neoplastic drugs by placing the modifier 59 on the lines for the services furnished in the second encounter on the same date of service. The OCE recognizes the modifier 59 as a statement that there were two separate and distinct encounters on the same date of service for the administration of anti-neoplastic drugs and pays 2 units of the same APC.

Examples of Reporting and Payment for Administration of Anti-Neoplastic Drugs

Injection and Infusion of Anti-Neoplastic Drugs at the Same Encounter

A beneficiary receives three injections of anti-neoplastic drugs and infusion for 2 hours of anti-neoplastic drugs in one encounter. The hospital reports three units of 96400, one unit of 96410 and one unit of 96412 (with no modifier 59). The hospital will be paid one unit of APC 116 (for the 3 units of 96400) and one unit of APC 117 (for the one unit of 96410 and 96412).

Injection and infusion of anti-neoplastic drugs at different encounters on the same date

A beneficiary receives one injection of anti-neoplastic drugs and 2 hours of an infusion of anti-neoplastic drugs in one encounter. Later on the same date of service, the beneficiary receives two injections of anti-neoplastic drugs. The hospital reports 1 unit of 96400 (with no modifier 59), 2 units of 96400 with modifier 59, and 1 unit of 96410 and 1 unit of 96412 (with no modifier 59). The hospital will be paid 2 units of APC 116 (for the two encounters in which one or more units of 96400 were furnished) and 1 unit of APC 117 (for the 1 unit each of 96410 and 96412).

Injection and Infusion of Anti-neoplastic Drugs at one Encounter, and Infusion of Drugs Other than Anti-neoplastic Drugs at a Second Encounter on the Same Date

A beneficiary receives three injections of anti-neoplastic drugs and 2 hours of infusion of anti-neoplastic drugs in one encounter. The beneficiary returns to the hospital in a separate encounter on the same date for administration of hydrating solution and drugs for dehydration and vomiting. For services in the first encounter, the hospital reports CPT codes as 3 units of 96400, 1 unit of 96410, and 1 unit of 96412 (with no modifier 59 on any of the lines). For services in the second encounter, the hospital reports 1 unit of CPT code 90780 and 1 unit of CPT code 90781. The OCE pays 1 unit of APC 116 (for the 3 units of 96400), 1 unit of APC 117 (for the 1 unit of 96410 and 96412) and 1 unit of APC 120. No modifiers are needed on 90780 or 90781 to secure payment for the infusion therapy services in the second encounter since this was the first encounter of the day for services reported as 90780 and 90781.

Injection and Infusion of Anti-neoplastic Drugs at one Encounter, and Injection of Anti-neoplastic Drugs and Infusion of Drugs Other than Anti-neoplastic Drugs (includes hydrating solution) at a Second Encounter on the Same Date

A beneficiary receives three injections of anti-neoplastic drugs and 2 hours of infusion of anti-neoplastic drugs in one encounter. The beneficiary has a second encounter on the same date of service in which the beneficiary receives 3 injections of anti-neoplastic drugs and one hour of infusion of drugs other than anti-neoplastic drugs (includes hydrating solution). For the first encounter the hospital reports CPT codes as follows: 3 units of 96400, 1 unit of 96410, and 1 unit of 96412 (with no modifier 59). For the second encounter, the hospital bills 3 units of CPT code 96400 with modifier 59, and 1 unit of CPT code 90780 (with no modifier 59). The OCE pays 2 units of APC 116 (for the 3 units of 96400 at the first encounter and 3 units at the second encounter), 1 unit of APC 117 (for the 1 unit each of 96410 and 96412 at the first encounter) and 1 unit of APC 120.

J. Administration by Infusion of Both Anti-neoplastic Drugs and Drugs Other than Anti-neoplastic Drugs (includes hydrating solution)

Where the beneficiary receives infusion of anti-neoplastic drugs, and in the same encounter also receives infusion of drugs other than anti-neoplastic drugs (e.g., hydration, infused anti-emetics) for a purpose other than as media for the anti-neoplastic drugs, the hospital should report the CPT codes for administration of anti-neoplastic drugs and should also report 90780 and 90781 as appropriate. Where a hydrating solution is infused to deliver infusion of anti-neoplastic drugs and where hydration is not specifically medically necessary, the hospital should bill the CPT codes for chemotherapy and should not also bill CPT codes 90780 and 90781. However, where hydration is necessary prior to the initiation or following the cessation of infusion of anti-neoplastic drugs, the hospital should bill CPT codes 90780 and 90781 as appropriate to describe the infusion therapy for hydration.

Examples of Reporting and Payment for Infusion of Anti-Neoplastic Drugs and Drugs Other Than Anti-Neoplastic Drugs

Infusion of Anti-Neoplastic Drug and Concurrent Infusion of Drugs Other Than Anti-Neoplastic Drugs for Treatment of Dehydration and Vomiting

A beneficiary receives an infusion of anti-neoplastic drugs for 2 hours and during the second hour also receives anti-emetic drugs and additional hydrating solution to treat dehydration and vomiting. The hospital reports 1 unit of 96410, 1 unit of 96412, and 1 unit of 90780. The OCE will pay 1 unit of APC 117 and 1 unit of APC 120.

Infusion of Anti-Neoplastic Drugs and Administration of Drugs Other Than Anti-Neoplastic Drugs in a Subsequent Encounter on the Same Date

A beneficiary receives an infusion of anti-neoplastic drugs for 2 hours and is discharged. The patient returns 4 hours later for treatment of vomiting and dehydration and receives an infusion of hydrating solution and anti-emetics for an hour. The hospital reports 1 unit of 96410, 1 unit of 96412 and 1 unit of 90870. The OCE will pay 1 unit of APC 117 and 1 unit of APC 120.

Infusion of Anti-neoplastic Drug and Concurrent Infusion of Hydrating Solution for the Purpose of Delivering the Anti-neoplastic Drug

A beneficiary receives an infusion of anti-neoplastic drugs for 2 hours using a hydrating solution, to which the anti-neoplastic drug has been added. The hospital reports 1 unit of 96410 and 1 unit of 96412. The OCE will pay 1 unit of APC 117.

Reporting of and payment under OPPS for drug administration services that were reported using CPT codes prior to January 1, 2005 and continue to be reported using CPT codes on and after January 1, 2005

The following drug administration services have been reported using CPT codes and paid under the OPPS since the implementation of the OPPS. They continue to be reported under the CPT codes and payment for them continues to be made under the APC indicated below.

Drug Administration Services Reported Using CPT Codes and Corresponding APCs

<i>HCPCS</i>	<i>SI</i>	<i>APC</i>	<i>Description</i>
90782	X	353	Injection SC/IM
90783	X	359	Injection IA
90784	X	359	Injection IV
90788	X	359	Injection of antibiotic
90799	X	352	Ther/prophylactic/dx inject

The services reported by these CPT codes should be reported in accordance with the CPT definition of the code, and will be paid 1 unit of the applicable APC for each unit of the CPT code that is billed. Payment will be made for each unit of the code billed,

regardless of whether the service is furnished during the same encounter as administration of an anti-neoplastic drug or infusion of drugs other than anti-neoplastic drugs (including hydrating solutions).

Examples of Reporting of and Payment for Drug Administration Services Other than Those Formerly Reported Using Q0081, Q0083 and Q0084

Infusion of Anti-Neoplastic Drugs and Intravenous Injection of Anti-Emetic

A beneficiary receives infusion of anti-neoplastic drugs for 2 hours and also receives an intravenous push of an anti-emetic. The hospital bills 1 unit of 96410, 1 unit of 96412, and 1 unit of 90784. The OCE will pay 1 unit of APC 117 and 1 unit of APC 359

Intralesional Injection of Anti-Neoplastic Drug and Intravenous Injection of a Narcotic Drug for Pain Relief

A beneficiary receives 1 intralesional injection of an anti-neoplastic drug and also receives an intravenous injection of a narcotic drug for pain relief in the same encounter. The hospital reports 1 unit of 96405 and 1 unit of 90784. The OCE will pay 1 unit of APC 116 and 1 unit of APC 359.